

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36334
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **2**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **4855 Cote Brilliante Ave.** Registered No. **9911**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Michael Henry Donahue**

(a) Residence, No. **4855 Cote Brilliante Ave.** St. **6**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Keller Donahue**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 18, 1872**

7. AGE YEARS **65** MONTHS **2** DAYS **7** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **common**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Red Bank** (STATE OR COUNTRY) **Pa.**

13. NAME **Unknown Donahue**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Thecla Christ**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. Mary Keller Donahue** (ADDRESS) **4855 Cote Brilliante Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. Peter & Paul** DATE **Oct. 27, 1937**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt. Co.** (ADDRESS) **364 1931 Indell Blvd.**

20. FILED **OCT 28 1937** **J. G. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 25, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 22**, 19**37**, to **Oct. 25**, 19**37**.
I last saw him alive on **Oct. 24**, 19**37**. Death is said to have occurred on the date stated above, at **4 am.**

The principal cause of death and related causes of importance were as follows:

acute myocarditis following infection
Date of onset **1946**

Other contributory causes of importance:
Infection of ankle resulting from a bruise details of which is unknown

Name of operation Date of
What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) **W. H. H. H. H.** M. D.
(Address) **370 1/2 N. Main**

STATEMENT BY LICENSED EMBALMER

I, Alfred F. Boedeker, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Alfred F. Boedeker

Licensed Embalmer No. 2663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)